

**Midlothian Public Library
Teen Volunteer Application**

Name _____ Date of Application _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Age _____ School _____ Grade _____

Reason for Volunteering: School/Honor Society _____ Church/Confirmation _____

Court-ordered _____ If court-ordered, reason? _____

If court-ordered, number of hours _____ Date to be completed by: _____

Other, please explain: _____

Signature _____ Date _____

Availability – Day and time

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

Emergency Contact Information

Parent/Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Office Use Only:

Start Date: _____ Regular Hours: _____

Completion Date: _____ Letter Given _____ (initial)